PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This for appropriate. All further co-indicated unless corrected maintenance fee notification	orm should be used for train trespondence including the below or directed otherwise ons.	smitting the ISS Patent, advance in Block 1, by	SUE FEE and no orders and no (a) specifying	PUBLICATION FEE (if rec patification of maintenance fees g a new correspondence addres	quired). Blocks 1 through 5 will be mailed to the currer as; and/or (b) indicating a sep	should be completed where at correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of Fee(s) Transmittal T	of mailing can only be used in this certificate cannot be used nal paper, such as an assignmente of mailing or transmission.	for domestic mailings of the	
	590 03/03/2006						
TOWNSEND AND TOWNSEND AND CREW, LL				I hereby certify that	ertificate of Mailing or Tran this Fee(s) Transmittal is bein	smission via e-mail	
TWO EMBARCA	DERO CENTER			XStates RestackService Xaddressed voy the Ave	WINNESS TO THE STATE OF THE STA	smission VIA e-mail Radepostschwich the United Buchescheik was angelops Radeschwich delogs Radeschwich delow.	
EIGHTH FLOOR SAN FRANCISCO) CA 94111-3834			transmitted to the US	PTO (571) 273-2885, on the	date indicated below.	
5.11111111101500), CA)+111-3634		Connie Larson /connie larson/ May 10, 2006			(Depositor's name)	
					rson/	(Signature)	
					06	(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/822,573	,573 03/30/2001		Scott Borland		<u> </u>		
TITLE OF INVENTION: IMPROVED APERTURE PLATE AND METHODS FOR ITS CONSTRUCTION AND USE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400		\$300	\$1700	06/05/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
KIM, CHRISTOPHER S		3752	2	239-102200	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				nting on the patent front page, l	ist		
			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME AND	RESIDENCE DATA TO BI	PRINTED ON	THE PATENT	Γ (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
A							
Aerogen, Inc. San Carlos, California Please check the appropriate assignee category or categories (will not be printed on the patent):							
		(will not be pr	med on the p	atent): Individual XIXI Co	orporation or other private gro	oup entity Government	
a. The following fee(s) are e	enclosed:	4b	b. Payment of Fee(s):				
Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.				
Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached.				
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $20-1430$ (enclose an extra copy of this form).			
. Change in Entity Status (a. Applicant claims SM	from status indicated above) AALL ENTITY status. See 3'	7 CER 1 27		-			
he Director of the USPTO is	s requested to apply the Issue	Fee and Publicat	ion Fee (if an	ant is no longer claiming SMAI y) or to re-apply any previously	LL ENTITY status. See 37 CF	FR 1.27(g)(2).	
iterest as shown by the recor	ds of the United States Pater	t and Trademark	Office.	y) or to re-apply any previously other than the applicant; a regi	stered attorney or agent; or th	e assignee or other party in	
Authorized Signature /darin j gibby/				Date			
Typed or printed name <u>Darin J. Gibby</u>					io. <u>38</u> , 464		
nis collection of information	is required by 37 CFR 1.31	. The information	n is required t			hu the Hongo	
application. Confidentiality ibmitting the completed applies form and/or suggestions for the confidentiality.	y is governed by 35 U.S.C. I lication form to the USPTO for reducing this burden, sho	22 and 37 CFR 1. Time will vary a to the	.14. This coll depending up Chief Inform	o obtain or retain a benefit by the lection is estimated to take 12 m on the individual case. Any contain Officer, U.S. Patent and	minutes to complete, including mments on the amount of tim	g gathering, preparing, and le you require to complete	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.